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Hotline Form

You can use this online form to report allegations of fraud, waste, and abuse concerning DOL grants, contracts, programs and operations. The OIG also addresses allegations of criminal activity and serious misconduct involving DOL employees. Moreover the OIG has jurisdiction to investigate allegations of labor racketeering and organized crime influence in the workplace, including the misuse of union benefit plan assets or power, labor-management relations, and internal union affairs.

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What DOL Agency does your allegation involve? (Required)

Please choose one

Please choose one (Required):

If necessary, you may contact me for additional information, but please keep my name confidential and do not share it outside of the Office of Inspector General.

Our policy is to honor requests for confidentiality and not to release any data that would identify such individuals unless required to do so by order of law (e.g., court order, subpoena). Please fill out the contact form below.

If necessary, you may contact me for additional information and I do not place any restrictions on the release of my contact information.
Please fill out the contact form below.

I wish to remain anonymous.

If you choose to remain anonymous, it is not necessary to fill out the contact information. However, please keep in mind that your decision to elect anonymity may limit our ability to conduct an inquiry, if one is warranted, or to appropriately address your issue. For example, if you choose to remain anonymous, we will not be able to follow-up with you if we need additional information or have questions about the details of your complaint. In some cases, if we do not have sufficient information, we may be unable to act on your complaint. As a result, the more information you can provide, the better chance we have of addressing any wrongdoing that has been committed. You can always request that your identity and/or contact information remain confidential and not be shared outside of the OIG. Please consider providing your name and/or contact information to allow for follow-up contact by this office.

If you choose to remain anonymous, you do not have to fill out identifying information.

Your Name

E-mail Address

Street Address

Building/Room

City, State, and Zip Code

Phone Number

Enter allegations in the text box below (Required)

Note: If you did not choose to remain anonymous, please provide any special contact instructions in case we need further information or details, in the box above.

